



STATE OF MAINE  
BOARD OF DENTAL PRACTICE  
143 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0143

## ***AUTHORIZATION OF CREDIT CARD PAYMENT***

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application/request. **Payment through credit cards will not be processed without this authorization form.**

<b>Business Name:</b> (Applicant fees being paid for)		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone # :</b> (     ) _____ - _____	
<b>Name of Cardholder:</b> (If other than applicant)		
<b>Mailing Address:</b> (If other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone # :</b> (     ) _____ - _____	
I authorize the State of Maine, Board of Dental Examiners to charge my credit card for the following purpose:		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
<input type="checkbox"/> Discover <input type="checkbox"/> AMEX		
Card Number		
<b>Expiration Date:</b>	_____/_____/_____	<b>In the amount of: \$</b> _____
<b>Signature:</b> _____ <b>Date:</b> ____/____/_____		